

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022125

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 839

FILED JUN 19 1962

VS 300
Rev. 4/59

6128

20720

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF HOSPITAL		c. CITY OR TOWN GIDEON	
Length of stay in 1b 4 days		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE # 1	
3. NAME OF DECEASED (Type or print) First JAMES Middle F. Last COLE		4. DATE OF DEATH Month JUNE Day 9 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB. 2-1897
9. AGE (last birthday) 65 yrs		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) PARAGOULD, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LEE COLE		13b. MOTHER'S MAIDEN NAME AVIE HENDRIX	
14. NAME OF HUSBAND OR WIFE EMMA COLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES (If yes, give branch of service) WORLD WAR I	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address EMMA COLE (WIFE) R.1, GIDEON, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTEROSCLEROSIS DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 72 HRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION POPLAR BLUFF, MO.		
21. I attended the deceased from 6-5-1962 to 6-9-1962 and last saw him alive on 6-9-1962 Death occurred at 6:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) James H. Turner M.D.	
22b. ADDRESS 215 Oak St. Poplar Bluff, Mo.		22c. DATE SIGNED 6-15-62	
23a. BURIAL, CREMATION, or other disposition (Specify) BURIAL	23b. DATE 6-10-1962	23c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery	23d. LOCATION (City, town, or county) (State) CLARKTON, MO.
24. FUNERAL DIRECTOR DAY & KNIGHT F.H.	ADDRESS MALDEN, MO.	25. DATE RECD. BY LOCAL REG. 6/16/1962	26. REGISTRAR'S SIGNATURE Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. L. Shuman*

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.